_				T P	ST	AVALLA	BIFOO								
PATENT APPLICATION FEE DETERMINATION RECO									I	Application or Docket Number					
	PAIENT	APPL)	•										
Effective November 10, 1998									09192579						
CLAIMS AS FILED - PART I									SMALL ENTITY OTHER THAN						
FOR NUMBER FILED NUMBER FXTRA						ı .	TYPE		OR		ENTITY				
			NOMBER FILED			NUMBER EXTRA			RATE	FEE]	RATE	FEE		
BASIC FEE										380.00	OR		760.00		
TOTAL CLAIMS			minus 20=			*			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =			•			X39=		┪¨┆		 		
MULTIPLE DEPENDENT CLAIM PRESENT								~~~~		OR	X78=	 			
* If the difference in column 1 is less than zero, enter "0" in column 2									+130=		OR	+260=	<u> </u>		
								TOTAL		OR	TOTAL				
-	CLAIMS AS AMENDED - PART II 3-12-04 (Column 1) (Column 2) (Column 3)										_		THAN		
	-12-09		umn 1) AIMS	ī		Column 2) HIGHEST	(Column 3)	_	SMALL	ENTITY	OR.	SMALL			
ΠA			AINING TER			NUMBER REVIOUSLY	PRESENT EXTRA	ı	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
ME		AMEN	DMENT			PAID FOR	EAIRA	L		FEE			FEE		
AMENDMENT	Total	• /	7	Minus	**	Ze	= 0		X\$ 9=		OR	X\$18=			
₹	Independent FIRST PRESE	*) NOE 14	Minus	****	3	-]		X39=		OR	X78=			
	THOTPHESE	JVIANO	N OF MIL	JUITPLE DE	PENL	ENT CLAIM	."	t	+130=			+260=			
				•				L	TOTAL	 	OR	TOTAL			
		(Calu	mn 1)		,,)_l & \	10	A	DOIT. FEE		OR ,	DOIT. FEE			
8		CU	MIMS			Olumn 2) HIGHEST	(Column 3)	-	 .	1					
			UNING TER			NUMBER REVIOUSLY	PRESENT EXTRA	ı	RATE	ADDI- TIONAL	•	RATE	ADDI- TIONAL		
y		AMEN	DMENT			AID FOR	EXITA	L		FEE		NAIL	FEE		
5 I	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	NOE M	Minus	***		2	Γ	X39=		OR	X78=			
	FIRST PRESE	MIAIIO	N OF MU	LIPLE DE	PEND	ENT CLAIM		┢	400						
									+130=		OR	+260=			
								ΑC	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE			
_		(Colu				olumn 2)	(Column 3)								
<u> </u>		REMA	INING		١	IIGHEST IUMBER	PRESENT	Γ		ADDI-	Γ		ADDI-		
		AFT AMEN				EVIOUSLY AID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL		
	Total	*		Minus	an	,	=		X\$ 9=	1	<u>_</u>	X\$18=	FEE		
	independent	*		Minus	***		=	┢			OR				
<u>`</u>	FIRST PRESE	NTATION	OF MU	LTIPLE DEF	END	ENT CLAIM		L	X39=		OR	X78≃			
	t if the entry in onlyme t is been the con-										OR	+260=	Ī		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT FEE															
—-II	me mignest Num he "Highest Num	noer Previo	nously Pai Xusily Paid	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											